PART B - FEE(S) TRANSMITTAL

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NSTRUCTIONS. This form should be used for manning the ISSUE FEE and PRIBILCATION FEE (if required). Blocks I though it should be completed where appropriate, All highest corresponded including the Remarks, divined where a manning that the corresponded including the Remarks, divined where a manning that the corresponded in corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for our infoffications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20995	7590

09/15/2009

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET

IRVINE, CA 920								
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/767,476 TITLE OF INVENTION	01/28/2004 COMPOSITE ARRAY	'S UTILIZING MICROS	John R. Stueipnagel PHERES WITH A HYBR	IDIZATION CHA		iC.59CPCPCI	5069	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E PBE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	-YES- NO	-9755- \$1510	\$300	\$0		31055 \$181	0 12/15/2009	
EXAMINER ART UNIT		CLASS-SUBCLASS						
	STEELE, AMBER D 1639							
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address from PTOVSB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOVSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a nighe firm flowing as a member a registered stroney or agent) and the names of up to listed, no name will be printed. 2.					
PLEASE NOTE: University of the Please (A) NAME OF ASSICUTION Illumina, Inc. Please check the appropri	ENEE		data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY San Diego, CA	and STATE OR C	COUNTRY	n	rument has been filed for	
Advance Order - #	o small entity discount p	De Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. De syment by credit card. Form PTO-2038 is attached. When the Victor is netroly authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number . 11:1410 (reclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above) 1. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeerly of the Publication Fee (if requeerly of the United States)	uired) will not be accepted tes Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered atto	rney or agent; or the	assignee or other party is	
Authorized Signature	per 9 Kg			Date Septe	mber 15	, 2009		
Typed or printed nameJerry L. Hefner Registration No53,009								
This collection of information is required by \$7.054.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the ISSPTO) reverses an application. Confederability in governor by \$3.15.C. 122 and \$7.078.11. Has collection as estimated to take 12 minutes to complete imaging galaxies, perspenting, an submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete the form and/or assignations for reclusing this burder, subout the sent to the Chief information of fifter, U.S. Patents and Trademark Office. Department of Commerce (D. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.								